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CONFIRMATION NO. 7077

SERIAL NUMBER 10/696,253	FILING DATE 10/29/2003 RULE	CLASS 702	GROUP ART UNIT 2857	ATTORNEY DOCKET NO. 15436.253.77.1
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/285,082 10/31/2002
 and is a CIP of 10/285,081 10/31/2002
 and claims benefit of 60/423,968 11/05/2002
 and claims benefit of 60/422,598 10/31/2002
 and claims benefit of 60/423,959 11/05/2002

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	10	22	4

ADDRESS
 022913
 WORKMAN NYDEGGER
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 60 EAST SOUTH TEMPLE
 1000 EAGLE GATE TOWER
 SALT LAKE CITY, UT
 84111

TITLE
 System and method of testing a transceiver

<p>FILING FEE RECEIVED 1022</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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